

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		11-26-01
O.I.P.E. CLASSIFIER		49	12/3/01
FORMALITY REVIEW	TH	1118	12-04-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final	
Original	
1	11/23/01
2	11/23/01
3	11/23/01
4	11/23/01
5	11/23/01
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49	11/23/01
50	11/23/01

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY